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FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D JUN

JUN 25 2002

OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden
hours per response .......16.00

OMB APPROVAL

SEC USE ONLY							
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# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Coastview Advisors Fund I, L.P. - limited partnership interests 6/02 Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Coastview Advisors Fund I, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 11111 Santa Monica Boulevard, Suite 1850, Los Angeles, CA 90025 (310) 473-8440 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Same Same Brief Description of Business Investments and related business activities Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Month Actual or Estimated Date of Incorporation or Organization: 0 4 0 2 Actual | Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) D E **GENERAL INSTRUCTIONS** 

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7/00) 1 of 8

		NTIFICATION DATA		
2. Enter the information requested for the f	-	•		
• Each promoter of the issuer, if the i	_	• •		
<ul> <li>Each beneficial owner having the p of the issuer;</li> </ul>	ower to vote or dispose, o	r direct the vote or dispos	ition of, 10% or	more of a class of equity securities
<ul> <li>Each executive officer and director</li> </ul>	=	f corporate general and m	anaging partner	rs of partnership issuers; and
Each general and managing partner	of partnership issuers.			
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual)  Coastview Capital Management I, LLC				
Business or Residence Address (Number a 11111 Santa Monica Boulevard, Suite 185				
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Coastview Capital, LLC				
Business or Residence Address (Number a 11111 Santa Monica Boulevard, Suite 185				
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	⊠ Executive Officer     Managing Dire	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Binder, Gordon M.				
Business or Residence Address (Number a 11111 Santa Monica Boulevard, Suite 1850		*		
Check Box(es) that Apply:  Promoter	Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if individual) Souza, Lawrence				
Business or Residence Address (Number at 2815 Townsgate Road, Suite 130, Westlake		Code)		
Check Box(es) that Apply:  Promoter	Beneficial Owner	☑ Executive Officer  Managing Dire	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Sonnenschein, Jr., Edward				
Business or Residence Address (Number at 11111 Santa Monica Boulevard, Suite 1850		,		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director:	General and/or Managing Partner
Full Name (Last name first, if individual)			164 144 (167) 144 (167)	
Business or Residence Address (Number an	nd Street, City, State, Zip	Code)		TO DESCRIPTION OF THE PROPERTY
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	Director	General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Business or Residence Address

Managing Partner

Attition of	ANGEL STATE OF THE			B. I	NFORMA'	TION ABO	UT OFFE	RING				
											Yes	No
1. Has the	e issuer sold	l, or does th	e issuer inte					_	• • • • • • • • • • • • • • • • • • • •			$\boxtimes$
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?								\$0.00				
							Yes	No				
3. Does the offering permit joint ownership of a single unit?							$\boxtimes$					
commis a perso states, l broker	ssion or sin n to be liste list the nam	nilar remuned is an assone of the broom out may set	eted for eace eration for sociated person oker or deal forth the institutional	olicitation on or agent ler. If mor	of purchase: t of a broke: e than five	rs in connec r or dealer r (5) persons	etion with sa egistered we to be listed	ales of secur with the SEC	rities in the and/or wit	offering. If th a state or	· ·	
Not Appli	•	, , , , , , , , , , , , , , , , , , , ,										
Business o	r Residence	Address (1	Number and	Street, Cit	y, State, Zip	Code)		· · · · · · · · · · · · · · · · · · ·				<u> </u>
Nome of A		malaar an Di	1									
Name of A	ssociated E	stoker of De	ealer									
States in W	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers				<del> </del>		
,	All States"	or check inc	dividual Sta	tes)					•••••			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Last name		Number and	Street, Cit	y, State, Zip	Code)					<u> </u>	
Name of A	ssociated B	Broker or De	ealer									
			s Solicited			rchasers		<del></del>	<del></del> -			
			lividual Sta									
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
					44							
Business or	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer						<del>-</del>			
			s Solicited o lividual Stat					•••••				☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	. [NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\bigcap\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold \$0.00 \$0.00 Common Preferred Convertible Securities (including warrants) \$0.00 \$0.00 Partnership Interests \$3,000,000.00 \$1,950,000.00 \$0.00 Other (Specify \$0.00 \$1,950,000.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 7 \$1,950,000.00 Non-accredited Investors \$0.00 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 Regulation A.... Rule 504 Total..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$0.00 Printing and Engraving Costs.... \$0.00 Legal Fees..... $\boxtimes$ \$7,200.00 Accounting Fees \$0.00 Engineering Fees \$0.00 Sales Commissions (specify finders' fees separately) \$0.00 Other Expenses (identify) Travel and other out-of-pocket fundraising expenses $\boxtimes$ \$4,800.00

 $\boxtimes$ 

\$12,000.00

Total.....

	C. OFFERING PRICE	NUMBER OF INVESTORS, EXPENSES AN	JD U	SE OF PROCEED	S	
,	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adjusted	gros			\$2,988,000.00
5.	Indicate below the amount of the adjusted gross proceeding the purposes shown. If the amount for any purpose i left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b above.	s not known, furnish an estimate and check the box	to th	e		
	total in topolis to 1 m to 2 continue me more			Payments to		
				Officers, Directors, &		Doumonts to
	·			Affiliates		Payments to Others
	Salaries and fees		$\boxtimes$	\$540,000.00		<u>\$0.00</u>
	Purchase of real estate			\$0.00		\$0.00
	Purchase, rental or leasing and installation of r	nachinery and equipment		\$0.00		\$0.00
	Construction or leasing of plant buildings and	facilities		\$0.00	. 🗆	\$0.00
	Acquisition of other business (including the va	lue of securities involved in this				
	offering that may be used in exchange for the					
	issuer pursuant to a merger)			<u>\$0.00</u>		\$0.00
	Repayment of indebtedness			<u>\$0.00°</u>		\$0.00
	Working capital			\$0.00		\$0.00
	Other (specify): <u>Investments and ongoing exp</u>	enses				
				\$0.00	$\boxtimes$	\$2,448,000.00
	Column Totals			\$0.00	$\boxtimes$	\$2,448,000.00
	Total Payments Listed (column totals added)					
	,			<u></u>	<u> </u>	00
		D. FEDERAL SIGNATURE				
ig	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accredit	irnish to the U.S. Securities and Exchange Comi	miss	ion, upon written rec		
	uer (Print or Type) astview Advisors Fund I, L.P.	Signature		. Date	9/8	) ,
Vai	me of Signer (Print or Type)	Title of Signer (Print or Type)			/ "	
	ward Sonnenschein, Jr.	Managing Director of Coastview Capital Mana Issuer	agen	nent I, LLC, the Gen	eral Pa	artner of the

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)